



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/'03)

CRIMINAL INFORMATION SUMMARY

☐ ADDITIONAL PAGES

TROOP / UNIT: C		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
DATE: 10-06-04	TIME: 1016 hrs.	INVESTIGATING TROOPER / OFFICER: Tpr. Richardson #417	DPS CASE NUMBER: 04-049931
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): Tolland High School, 1 Eagle Hill Road, Tolland			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION School personnel heard of a student who had brought a knife to school. Upon interviewing the student the juvenile was found to have a small amount of what appeared to be marijuana and a switchblade knife in the students gym bag. The juvenile was arrested and released on a WPTA.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F Tolland High School	ADDRESS: (TOWN/CITY&STATE ONLY) 1 Eagle Hill Road, Tolland		JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F juvenile	DOB: 14	ADDRESS:	
CHARGES: 1. weapons on school property 2. carrying dangerous weapon 3. Illegal possession 4.	COURT: GA: Juvenile TOWN: Vernon DATE: 10-12-04	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input checked="" type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: ID #: DATE:			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> . FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			